

CITY OF WINTER GARDEN



Building Department - Plan Revision Form

Date_____

Permit Number_____

Job/Project Name (if applicable) _____

Address_____Lot_____

Contractor_____Contact Name_____

Phone Number_____Fax Number_____

Are you resubmitting a complete set of plans that were previously returned to you?

Yes_____ (If YES, STOP here) No_____

Description/Reason for Revision_____

Revision Fee_____

Paid_____